

**CITY OF STOCKTON  
 SELF-CERTIFICATION FAMILY INCOME VERIFICATION  
 BUSINESS ENTREPRENEURSHIP PROGRAM**

**Following to be completed by the BUSINESS SERVICE PROVIDER**

Business Service Provider (BSP) Name: \_\_\_\_\_

BSP Location: \_\_\_\_\_, Stockton CA

BSP Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

BSP Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) of Service to Program Beneficiaries: \_\_\_\_\_

Number of service hours provided this quarter: \_\_\_\_\_

Please check appropriate box:  New Consult Beneficiary  Previous Consult Beneficiary

Please check appropriate box:  Individual Served  Business Served

Indicate Type of Service:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Consulting                       | <input type="checkbox"/> Funded Loan       | <input type="checkbox"/> Workshop attendee    |
| <input type="checkbox"/> New Hire                         | <input type="checkbox"/> Training attendee | <input type="checkbox"/> Financial Assistance |
| <input type="checkbox"/> Program Participant-List Program |  | <input type="checkbox"/> Other:               |

**Following to be completed by the PROGRAM BENEFICIARY**

The Business Service Provider (BSP) you are receiving assistance from, or are currently employed with, was assisted under a Federal funding program which has, as one of its objectives, the creation of jobs or services for low and moderate income persons. Whether you are from a **low/moderate-income family** depends on the size of the household and your total family household income.

Please check the income you estimate was your total family income **and** the number of family members residing in your household for the past 12-month period. Income is defined as the total annual gross income of all **family members** 18-years of age or older residing within the home. Students away at college but still reported as a dependent on a family member’s tax return should also be included. Family means all persons living in the same household who are related by birth, marriage or adoption.

**Check** estimated family income for  
the past 12 months

- Below \$46,350
- \$46,351 to \$53,000
- \$53,001 to \$59,600
- \$59,601 to \$66,200
- \$66,201 to \$71,500
- \$71,501 to \$76,800
- \$76,801 to \$82,100
- \$82,101 to \$87,400
- Over \$87,400

**Check** the number of family members living  
in your household during the past 12 months

- 1 Person
- 2 Persons
- 3 Persons
- 4 Persons
- 5 Persons
- 6 Persons
- 7 Persons
- 8 Persons

**Following to be completed by the PROGRAM BENEFICIARY (Cont'd)**

**EMPLOYMENT STATUS**

Part-time or  Full-time

**POSITION CURRENTLY HELD:** \_\_\_\_\_

**OTHER DEMOGRAPHIC INFORMATION**

**Ethnicity:**  Hispanic or  Non-Hispanic

**Race (please check one):**

- |   |   |
|---|---|
| <input type="checkbox"/> White (Caucasian)                      | <input type="checkbox"/> Black/African American                 |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> American Indian/Alaskan Native         |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian & White                          | <input type="checkbox"/> American Indian/Alaskan Native & Black |
| <input type="checkbox"/> Black/African American & White         | <input type="checkbox"/> Other                                  |

Does your family have a **Female Head of the Household**?  Yes or  No

If this is a new position, were you previously **unemployed**?  Yes or  No

*I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing services, the City of Stockton, or the U.S. Department of Housing and Urban Development. I, therefore, authorize such verification, and I will provide supporting documents, if necessary. Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.*

Program Beneficiary Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Signature (Parent/Guardian if under 18 years old)

\_\_\_\_\_  
Date

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*Income levels current as published by HUD effective 2022 (80% of median – low income)*  
<https://www.huduser.gov/portal/datasets/il/il2022/2022summary.odn>

[form updated 11/2022](#)

[Form located at www.stocktonca.gov/files/Self\\_Certification\\_Form.pdf](http://www.stocktonca.gov/files/Self_Certification_Form.pdf)